

FOOD STAMP BUDGET WORKSHEET – Special Medical/Shelter Deductions

CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS
CERTIFICATION PERIOD FROM _____ THROUGH _____	<input type="checkbox"/> PROSPECTIVE	<input type="checkbox"/> PROSPECTIVE	DOCUMENTATION Child/Spousal Support Received \$ _____
PART 1 – NET MONTHLY INCOME	ISSUANCE MONTH	ISSUANCE MONTH	
A. NONEXEMPT GROSS UNEARNED INCOME			
1. Cash Aid 2. Social Security, UIB, DIB, Pensions 3. Child/Spousal Support 4. Scholarships, Grants, Loans 5. Other 6. Gross Unearned Income (A1 + A2 + A3 + A4 + A5) 7. Less Child Support Paid (enter remainder in B5) 8. Total Gross Unearned Income (A6 - A7)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
B. NONEXEMPT GROSS EARNED INCOME			
1. Gross Salary, Wages 2. Self-Employment 3. Training Allowance 4. Gross Earned Income (B1 + B2 + B3) 5. Less Remainder of Child Support Paid (if not fully used in Section A) 6. Total Gross Earned Income (B4 - B5) 7. Adjusted Gross Earned Income (80% of B6)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
C. TOTAL NONEXEMPT GROSS INCOME (A8 + B7)			
D. EXCESS MEDICAL EXPENSES			
1. Expected Recurring Expenses (occurring during the entire certification period). Include recurring averaged expenses. 2. Limited Period Expenses (occurring during only a portion of the certification period). Include limited averaged expenses 3. Total Allowable Expenses (D1 + D2) 4. Less Medical Expense Allowance (\$35) 5. Excess Medical Expenses (D3 - D4)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
E. STANDARD/DEPENDENT CARE/MEDICAL/HOMELESS SHELTER DEDUCTIONS			
1. Standard Deduction: 2. Dependent Care (Lesser of Actual or Maximum) Child(ren) under two Child(ren) two and over/all other dependents Total Dependent Deductions 3. Excess Medical Expenses (From D5) 4. Homeless Shelter Deduction 5. Total Deductions (E1 + E2 + E3 + E4) 6. Total Adjusted Income (C - E5)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
F. SHELTER DEDUCTION			
1. Total Housing Costs 2. Total Utility Allowance 3. Total Shelter costs 4. Allowable Shelter Costs (50% of E6) 5. Excess Shelter Costs F3-F4	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
G. NET MONTHLY INCOME (E6–F5)			
PART 2 – NET INCOME ELIGIBILITY			
H. NET INCOME TEST			
1. Household Size 2. Maximum Net Income Allowed (From Table) 3. Net Income Eligible? (Is G less than or equal to H2?)	_____ \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No
PART 3 – BENEFITS	ALLOTMENT	SUPPLEMENT	ALLOTMENT
E.W. Initials/Date			

I. RESOURCE ELIGIBILITY (Nonexempt Resources Only)		ISSUANCE MONTH	ISSUANCE MONTH
1. Previous Month's Resources	\$ _____	\$ _____	
2. Additional Resources (specify)	_____	_____	
a. _____	_____	_____	
b. _____	_____	_____	
c. _____	_____	_____	
3. Subtotal (I1 + I2a + I2b + I2c)	\$ _____	\$ _____	
4. Resources Sold, Traded or Given Away (specify)			
a. _____	\$ _____	\$ _____	
b. _____	_____	_____	
c. _____	_____	_____	
5. Subtotal (I4a + I4b + I4c)	\$ _____	\$ _____	
6. Current Resources (I3 – I5)	\$ _____	\$ _____	
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PART 4—INCOME COMPUTATIONS		ISSUANCE MONTH	ISSUANCE MONTH
J. SELF-EMPLOYMENT (Nonexempt Resources Only)			
1. Gross Income from Self-Employment	\$ _____	\$ _____	
2. Expenses: <input type="checkbox"/> Standard 40% Deduction	_____	_____	
<input type="checkbox"/> Actual Expenses (Verification Required)	\$ _____	\$ _____	
3. Total Nonexempt Income from Self-Employment If averaging self-employment income go to J7. If adjusting a previous average, continue to J4.	\$ _____	\$ _____	
4. Adjustment to Gross Income	\$ _____	\$ _____	
5. Adjustment to Expenses	_____	_____	
6. Adjusted Self-Employment Income (J3 + J4 + J5)	\$ _____	\$ _____	
7. Monthly Self-Employment Income (J3 or J6 ÷ number of months income covers)	\$ _____	\$ _____	
K. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS		ISSUANCE MONTH	ISSUANCE MONTH
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____	
2. Tuition and Mandatory Fees	_____	_____	
3. Total Nonexempt Educational Income (K1 – K2)	\$ _____	\$ _____	
4. Monthly Income from Grants, Scholarships or Loans (K3 ÷ number of months income covers)	\$ _____	\$ _____	
PART 5—REPORTED CHANGES (Other than the CA 7 or DFA 377.5)			
Type of Change			
Date Change Occurred			
Date Change Reported			
EW Initials			